PTO/SB/06 (08-03) Approved for use through 7/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Réduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application of Docket Number Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN (Column 1) SMALL ENTITY (Column 2) OR SMALL ENTITY **FOR NUMBER FILED NUMBER EXTRA** RATE **BASIC FEE FEE** RATE FEE (37 CFR 1.16(a)) TOTAL CLAIMS OR (37 CFR 1.16(c)) minus 20 = INDEPENDENT CLAIMS OR (37 CFR 1.16(b)) minus 3 = OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR * If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II (Column 1) OTHER THAN (Column 2) (Column 3) OR SMALL ENTITY **SMALL ENTITY** CLAIMS HIGHEST REMAINING **PRESENT** NUMBER **RATE DMENT** ADDI-RATE **AFTER** ADDI-**PREVIOUSLY EXTRA** TIONAL AMENDMENT TIONAL **PAID FOR** FEE Total FEE Minus (37 CFR 1.18(c)) EN OR Independent Minus (37 CFR 1.18(b)) X \$_ OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR +\$ TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST REMAINING NUMBER PRESENT RATE ENDMENT ADDI-RATE **AFTER** ADDI-**PREVIOUSLY EXTRA** TIONAL **AMENDMENT** TIONAL PAID FOR FEE FEE Total Minus (37 CFR 1.16(c)) OR X \$_ Independent Minus (37 CFR 1.16(b)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST REMAINING NUMBER **PRESENT RATE AMENDMENT** ADDI-RATE ADDI-AFTER PREVIOUSLY **EXTRA** TIONAL **AMENDMENT** TIONAL PAID FOR FEE FEE Total Minus = (37 CFR 1.18(c)) OR Independent Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PATENT APPLICATION FEE DETERMINATION RECO					Application or Docket Number				
Effect	ive October 1, 2	000	سند، اس او در د		U	900	4459.		
CLAIMS AS FILED - PART (Column 2)			SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY				
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FOR	NUMBER FILED	NUM	ER DITRA	BASIC		OR			
TOTAL CHARGEABLE CLAIMS	C Ambrus 20.	Aminus 20. 1 /		XSO		7	100		
INDEPENDENT CLAIMS	6 minus 3 =	6 minus 3 = 3		X40		OR		246	
MULTIPLE DEPENDENT CLAIM P	RESENT'				_	OR		240	
* If the difference in column 1 is	less than zero, ente	e or in a	column 2	+135		OR	+270=		
*If the difference in column 1 is less than zero, enter *0* in column 2 CLAIMS AS AMENDED - PART				TOTA	L	OR	TOTAL		
214/04 (Column 1)	100	KT (II mn 2)	(Column 3)	SMAI	LENTITY	OR	_OTHER		
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FIRST PRESENTATION OF MU	ripue dependent	CLAIM		+135-		OR	+270=	•	
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indep ndent • 3	Minus •••		• 0	X40-		OR	X80=	1	
FARST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							A==	-	
* If the entiry in column I is less than the entry in column 2, write "O" in column 3.						OR	+270=		
"If the "Highest Number Previously Pale The "Highest Number Previously Pale The "Highest Number Previously Pale	d for in this space i id for in this space !	e less than is long than	20, enter "20." o 3, enter "3."	ADOIT, FE	الــــــــــــــــــــــــــــــــــــ		TOTAL LODIT, FEE	-	